Docket	No ·	

D9889877.080BO1

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: An electric multipole motor/generator with axial magnetic flux ~

described and claimed in international application number PCT/DK00/00054 filed on February 9, 2000

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations $\S1.56$.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

10 February 1999 - Danish Patent Application No. PA 1999 00177 -

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

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James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,414; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.C. P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-07)	Typewritten Full Name of Sole or First Inventor			rsen ,
2	Inventor's Signature	Given Name	Middle Initial	Family Name
3	Date of Signature	JUL 19 Month	29 Day	7 <i>00</i> /
	Residence: Brådevej	14, Hølkerup, DK-		
	Citizenship: Denmark	- City	State of Flovince	Country
	Post Office Add (Insert complete manadress, including of	iling	ølkerup, DK-4500	Nykøbing Sj., Denmark

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IT ORE THAN ONE INVENTOR USE PAGE 2 AND CE AN "X" HERE (Discard this page in a sole inventor applicat

-\(\frac{1}{2}\)	Typewritten Full Name of Joint Inventor	Peter		Rasmussen
00	-	Given Name	Middle Initial	Family Name
2	Inventor's Signature:	010		1)
3	Date of Signature:	1265/2-		Res
	Residence: Knasterhovv	Month ei 21. Täsinge. DK-5	Day	Year
	THE DESCRIPTION V	City	700 Svendborg, Denm State or Province	Country
	Citizenship: Denmark	,		
	Post Office Address: (Insert complete mailing address, including count		Tåsinge, DK-5700 Sv	endborg, Denmark
1	Typewritten Full Name			
50	of Joint Inventor	Uffe,	Dam	_Larsen_
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Tuly	30	2001
	n. H Wibi vkogado	Menth 1, 1.th, DK-2200 Cop	Day	Year
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	(Insert complete mailing		CIT. DN 2200 CODEINA	SELL IN, LABINIST K
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1	Typewritten Full Name of Joint Inventor			
	_	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
	Residence:	Month	Day	Year
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1	Typewritten Full Name			
	of Joint Inventor			
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	Month	Day	Year
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		City	State or Province	Country
	Citizenship:			
	Post Office Address: (Insert complete mailing address, including count			

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TOROGO, ZZRABAGO

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.